

New York City Department of Education Division of Human Resources 65 Court Street, Brooklyn, New York 11201 BE/DOP 9955A (5/87) personnel di (Repiaces OP2378)

ANNUAL PROFESSIONAL PERFORMANCE REVIEW AND REPORT ON PROBATIONARY SERVICE OF SCHOOL SECRETARY

EMPLOYEE'S		BAS	STIAN,	MELIS	SA				LICENS		SECRE	rary d	AY	NUMBER	
EMPLOYEE'S	COMPLE	TE HOME	ADDRE	SS (Nun	nber and	Street)			APT.NO				MPLOYEE	D NUMBER	R
CITY				STATE			ZIP C	ODE			TENUE	ED P	ROBATION	ER SUB	SHIULE
CURRENT SA		TE FO	R PROB	ATIONE	RS: Date	of	1	arema (rodit		M				
\$ \$65,508		Apı	pointmen	it				a. a. i.i.	N GOIL		(Max 1	Tenure Ci year)	redit	Probation	Completion
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Printed	TIMES	FIRST	YEAR ME LOS		TIMES	SECONE	YEAR ME LOS		THIRD	YEAR			DAYS	OR	SUBSTI
as of 06-21-11	NO.	DAYS	HRS	MIN	NO.	DAYS	HRS	MIN.	NO.	DA'	TIME LO		C.A.R.	BOR- ROWED	SERVIC
LATENESS*		0	0	0										DAYS	NO. OF DAYS.
ABSENCE* Exclude non- Attendence	-	5	0	0									127		
'NOTE: For rep	ports on pr	robationers	s, comple	te 1 to 3	years as	applicable	For all	other pe	rsonnel	se 'Fir	st Year" to	denote (127		
COMMENTS (as checks	ed. "S" indi	cates Sa	tiefacton	OTHE	RAPPR	OPRIA	TESU	PERVI	SOR			ONAL COM		
A. PERSONAL	QUALIT	tful-first yea	ar probat	lon only,	"NA-Not	Applicable)	3	U			Appili	ONAL COM	MENIS	
1. Attendand	ce and pu	nctuality						0							
2. Personal			-		-										
3. Self-contr	ol and me	inners													
4. Volce, sp	eech and	use of Eng	lish						0						
5. Resource	fulness ar	nd initiative													
8. Good judg B. PROFESSIO	ment and	tact													
1. Dependabl	lity and se	inse of res	ponsibilit	y							15				
2. Neatness,	accuracy	of work and	d genera	efficienc	у			0	0						
3. Promptness	s in compl	leting assig	nments	accordin	to instru	ctions									
4. Proficiency	in operati	ing office n	nachines	and equ	ipment										
5, Stenograph	ic skill								0						
6. Ability to co	mpose ro	utine letter	73						0						
7. Flexibility a	nd adapta	bility to ind	lividual s	chool ne	eds										
8. Cooperation	with teac	chers and	other per	sonnel											
9. Willingness	to volunte	er assista	nce when	needed	-										
10. Energy an	d success	in self-imp	proveme	nt											
1. Attention to	physical o	conditions :	and appe	arance o	of office a	nd desk									
2. Organizatio	n of routin	ne duties													
3. Care of equ	Ipment														
4. Ability to or	ganize wo	rk to meet	due date	s											
5. Ability to su SCHOOL AN	pervise st	udent help	ers												
1. Maintenance	s of good	relations w	th school	il person	nel										
2, Attitudes tov	vard pupils	3													
Ability to dea and by teleph	al tactfully none	with paren	its, officia	ils, and ti	ne public	in person		0	D						
4. Willingness								0							
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Page 1 of 2

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employees, to	DATION BY PRINCIPAL the responsible Superin	OR OTHER APPROPRIATE SUPERV tendent.	SOR: To be completed and forwarded	to the Superintendent or, for City Distric
1. 🔲 lr	recommend approval for	continued probationary service.	3. I recommend discontin	nuance of probationary service.
2. 🔲 1 r	ecommend certification	of completion of probation.	4. I recommend denial o	f certification of completion of probation
IGNATURE OF	PRINCIPAL (if other, g	ve title)	DATE	
SUPERINTE	NDENT'S RECOMMEND	ATION: To be completed by Superinte	ndent and returned to originating unit fo	r employee's acknowledgement.
recommend				
IONATURE OF				DATE
IGNATURE UI	CHDEDINTENDENT			
. ACKNOWLE	SUPERINTENDENT	(If other, give title)		
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RULES AND INSTRUCTIONS

- - c. Copy #3 to Superintendent
- For recommendations for Discontinuance or Denial for Probationers, prepare FIVE COPIES along with 5 SETS OF SUPPORTING DOCUMENTATION as follows:

 a. Copies #1,2 & 3 as listed in Rule 1
 b. Copy #4 to the Office of Appeals & Reviews, 65 Court Street, Room 717, Brooklyn, NY 11201
 c. Copy #5 to the Division of Human of Resources/Office of Teacher Records
- All employees have the right to submit written comments concerning each of these evaluation reports. For an appeal of an adverse evaluation, see below:
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Page 2 of 2

New York City Department of Education
Division of Human Resources
Of Court Street, Brooklyn, New York 11201

ANNUAL PROFESSIONAL PERFORMANCE REVIEW AND REPORT ON PROBATIONARY SERVICE OF SCHOOL SECRETARY

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as of	NO.	DAYS	HRS	MIN	NO.	DAYS	HRS	MIN	NO.	DAY		MIN	C.A.R.	ROWED	SERVIC NO. OF
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ABSENCE"		6	0	0									122		
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3. Self-con	rol and ma	anners						-		-					
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5. Resourc	efulness ar	nd initiativ	8							-					
6. Good jud															
B, PROFESSI 1. Dependai				ty											
2. Neatness	accuracy	of work ar	nd genera	al efficier	ncy										
3. Promptne	ss in comp	leting assi	ignments	accordi	ng to instr	uctions									
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6. Ability to															
7 Flexibility					eeds				-	-			_		
8. Cooperati										+					
9. Willingnes	s to volunt	teer assist	ance who	en neede	ed		_		0	-		-			-
10. Energy a			nproveme	ent				0					-		
1. Attention			s and app	earance	of office	and desk		0							
2. Organiza	tion of rout	tine duties							0	1					
3. Care of e	quipment							0							
4. Ability to	organize w	ork to me	et due da	ites				0							
5. Ability to															
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2. Attitudes								0	0						
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or the period from 9/1	3/2009	to	6/30/	2010	-			-	DATE	-	SIGNATI	DE OF	EMPLOYE		DATE

Page 1 of 2

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employees, I	to the responsible Superi	ntendent.	1 =		
1.	recommend approval fo	r continued probationary service.	3.	I recommend discontin	nuance of probationary service.
2	recommend certification	of completion of probation.	4. 🗆	I recommend denial o	f certification of completion of probation
IGNATURE C	F PRINCIPAL (If other,	give title)		DATE	
. SUPERINTE	ENDENT'S RECOMMEN	DATION: To be completed by Superinte	indent and return	ed to originating unit fo	r empioyee's acknowledgement.
recommend_					
IGNATURE C	OF SUPERINTENDENT	(If other, give title)			DATE
ACKNOWL	DGEMENT BY PROBA	TIONARY EMPLOYEE			
IGNATURE C	OF EMPLOYEE		_ I RECEIVE	D THIS REPORT ON:	DATE
	DOCUMENTATIO	N r discontinuance or denial of certification	n must be accom	panied by copies of sul	bstantiating documentation attached
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, First Name MELISSA

RULES AND INSTRUCTIONS

Number of additional sheets:

Last Name BASTIAN

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Page 2 of 2

New York City Department of Education
Division of Human Resources

Department of Education

BEADOP 99554 (5/87) negrouped at (Paplaces OP) 27813

BEADOP 99554 (5/87) negrouped at (Paplaces OP) 27813

ANNUAL PROFESSIONAL PERFORMANCE REVIEW AND REPORT ON PROBATIONARY SERVICE OF SCHOOL SECRETARY

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LOYEE'S	COMPLET					Street)		Al	T.NO	JOLIO	DOLLD			NUMBER	
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1				STATE			ZIP CO	DE			TENUR	ED PRO	DBATIONE	ER SUBS	TITUTE
RENT SA 65,508	LARY RAT		R PROBA		RS: Date	of	Ja	rema Cr	edit		N.Y.S. 7 (Max 1	Tenure Cre year)	dit	Date of Co Probation	ompletion o
C/CFN S		-					BOROL		4 > ** * 4	TVTA	,			DISTRICT	06
01-M54	0-A. PH	LIP RA		'H CAN	APUS H	SECOND	YEAR	M	ANHA'		1		DAYS	OR	SUBSTI
ted f	TIMES NO.	T	TIME LOS	22.10	TIMES NO.		ME LOST		TIMES NO.	DAY	TIME LO		IN CA.R.	BOR- ROWED	SERVICE
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ENCE* le non- ance		4	0	0									118		
E: For re	ports on pr	obatione	ers, comple	ete 1 to 3	years as	applicable	e. For all	other per	sonnel u	ise "Fi	rst Year"	to denote c	urrent yea	r.	
TON 1	REPOR	T BY F	RINCII dicates Sa	AL OF	V. "U" -Ui	R APPE	rv.	TE SU	U	SOR		ADDITIO	NAL COL	MMENTS	
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5. Ability t	o supervise	e student	helpers												
	AND CON				sonnel										
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. Willingn	ess to rend	der extra IARKS (a	service to additional	the scho sheets, s	ool igned an	d acknowle	edged ma	y be atta	100				1		
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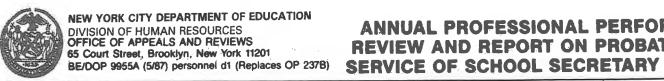
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ANNUAL PROFESSIONAL PERFORMANCE REVIEW AND REPORT ON PROBATIONARY

EMPLOYEE'S FULL NAME									ICENSE					ILE NU	MBER	
Bastian EMPLOYES COMPLETE H	OME ADD	Me 1 RESS (N	issa umber ar	nd Street)		-		Ls	chool	Sec	retary	SOC	AL SEC	URITY N	IUMBE	R
													1.1			1 1
CITY				11 30-0			STATE		2	IP CODE		TENU	RED P	ROBATIO	DNER	SUBSTITUTE
CURRENT SALARY RATE				FOR	PROBATI	ONERS:	Date of A	\ppointme	ent			1 A	Date o	d Comple	etion of	Probation
\$ 62,325.00					ma Credi											
SCHOOL								ROUGH				DISTR				
A. Philip R								anhat	tan	THIRD	YEAR	1	6		OR	SUBSTI-
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SECTION 1 - RE	PORT	BY I	PRINC	CIPAL	OR	OTHE	R AP	PROF	PRIAT	E SU	PERV	ISOR	:			
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							,					FAC	TORY	FACT	ORY	COMMENT
A. PERSONAL C	UALITI	ES														
1. Attendance	and pu	unctua	lity													
2. Personal a	_															1
3. Self-control	,													1		
4. Voice, spec				lish												
5. Resourcefu		-														
6. Good judg	ment ar	nd tact														
B. PROFESSION							- 8									
1. Dependab				noneih	sility											
2. Neatness,						ciency						1	_			
3. Promptnes								uctions				1				
4. Proficiency								30(10110								
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6. Ability to c		routir	ne lette	ers												
7. Flexibiltiy a					al scho	ol need	ds									
8. Cooperation		-	_													
9. Willingness		_			-							1				
10. Energy an		_														
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C. OFFICE MAN			1141			a Series .	-									
1. Attention to				and a	ppeara	ance of	office	and de	esk		_	+		+		
2. Organizati			duties		_							-		+		
3. Care of ed					1.1				-	_		-	-	+	_	
4. Ability to c	_				dates							+	-			
5. Ability to s	upervisi	e stude	ent ne	pers							-	+		+		
D. SCHOOL AN	COMI	MUNIT	TY RE	LATIO	VS							-		1		
1. Maintenan	se of go	ood re	lations	with s	chool p	personi	nel			-		-	_	-		-
2. Attitudes to				40	-		,	44				+		-		-
3. Ability to d	eal tact	fully w	ith par	rents, c	officials,	and t	he pub	lic								
in person 4. Willingnes				vice to	the co	hool		-14 -	Y	1 = 9	1	-			11	
E. ADDITIONAL				14.			and acl	nowle	doed i	nav he	attach	eu).		-		1
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OVERALL EVALUAT						aiver UUA	7				I have	LOCGIA	ed /this	report	1/00:	1
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SECTION 3. - TO BE COMPLETED ONLY FOR PROBATIONARY PERSONNEL

A. RECOMMENDATION BY PRINCIPAL OR OTHER APPROPRIATE SUP- or, for City District employees, to the responsible Superintendent.	ERVISOR: To be completed and forwarded to the Community Superintendent
1. I recommend approval for continued probationary service.	2. Trecommend discontinuance of probationary service.
☐ I recommend certification of completion of probation.	1 recommend denial of certification of completion of probation.
SIGNATURE OF PRINCIPAL (If other, give title)	DATE
B. SUPERINTENDENT'S RECOMMENDATION: To be completed by Commending and Superintendent and	munity or responsible Superintendent and returned to originating unit for
Date Signature of Superintendent (If other, give title)	+
C. ACKNOWLEDGEMENT BY PROBATIONARY EMPLOYEE	
I have received this report on:	
Date: Signature of Employee	,

SECTION 4. - DOCUMENTATION

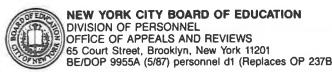
All recommendations for discontinuance or denial of certification must be accompanied by copies of substantiating documentation attached hereto, including, but not limited to, observation reports, letters, time cards or time sheets, or other relevant material.

item No.	Date	Description or Identification	Key
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			w.
NOTE: If s	space is insufficient to intinuation sheets, chec	ist all documentation, listing on additional sheets may be a k here . Number of additional sheets:	ttached. If there are such

RULES AND INSTRUCTIONS

- 1. For "Satisfactory" evaluations, prepare two copies: Copy 1 for the employee, copy 2 for the school file.
- For adverse evaluations (U or D), prepare four copies for distribution as follows: Copy 1 for employee, copy 2 for school file, copy 3 to the appropriate superintendent and copy 4 to the Bureau of Teacher Records, 65 Court St., Brooklyn, N.Y. 11201.
- 3. For recommendations for continued service or completion of probation for probationers, prepare three copies of report for distribution as follows: Copy 1 for superintendent, copy 2 for originating school and copy 3 for the employee.
- 4. For recommendations for discontinuance or denial for probationers, prepare eight copies of report and seven complete sets of documentation as listed in 'Section 4' of this form for distribution as follows: Copies 1, 2 and 3 (with documentation attached) as listed in Rule 3; Copy 4 (without documentation) to the Bureau of Teacher Records; Copies 5, 6, 7 and 8 (with documentation attached to the Office of Appeals and Reviews, 65 Court Street Room 717, Brooklyn, N. Y. 11201.
- 5. Appeals: An appeal from adverse evaluation (U or D) must be made in writing by the employee and forwarded to the Executive Director of the Division of Personnel for the attention of the Director, Office of Appeals and Reviews within three weeks after receipt of such adverse evaluation (exclusive of the summer vacation).
- 6. All personnel are hereby advised of their right to submit written comments concerning:
 - a) each observation report on their performance
 - b) evaluation reports

25-3200.00.8 (200 units) 11/01



ANNUAL PROFESSIONAL PERFORMANCE REVIEW AND REPORT ON PROBATIONARY SERVICE OF SCHOOL SECRETARY

EMPLOYEE'S FULL NAME					L	ICENSE			F	FILE NUMBER	
M BASTIA	N			-			APT NO.	SOC	IAL SEC	CURITY NUMB	ER
Ci				STAT	F	ZIP CC	DE	TENU	JRED P	ROBATIONER	SUBSTITUTE
							2.5				
\$		1 (Jare	ma Credit does		Appointme	ent			Date o	of Completion	of Probation
SCHOOL		(oare	ma Credit does		OROUGH			DIST	RICT		
			0500	ND VEA	_		00.1/540			0.0	CURCTI
	TIMES	FIRST YEAR TIME LOST	TIMES	TIME LOS		TIMES	RD YEAR TIME LOS	T	DAY		
	NO.	DAYS HRS. MIN.	NO. DAY	S HRS.	MIN.	NO. DA	YS HRS.	MIN.	C.A.		NO. OF
LATENESS*									A-	7	DAYS
ABSENCE* Exclude Non-Attendance	1	1							9-	/	
* NOTE: For reports or	probation	oners complete 1 to 3	years as app	olicable. Fo	or all oth	ner personne	use "First	t Year"	to den	ote current	year.
ECTION 1 - RE	PORT	BY PRINCIPAL	OR OTH	IER AF	PROF	PRIATE S	UPERV	ISOR	l;		
COMMENTS (as cl	necked	"NA" indicates "N	Int Applical	ble")				SA	TIS-	UNSATIS-	ADDITIONA
		TWY Maloatoo 1	tot rippiloui						TORY	FACTORY	COMMENT
A. PERSONAL Q	UALITIE	ES									
1. Attendance								4	-		
Personal ap Self-control					-			+		-	-
-		I use of English						+	-		+
5. Resourcefu											
6. Good judg	ment an	d tact									
B. PROFESSION	AL CON	MPETENCE									
		sense of responsib	ility								
2. Neatness,	accurac	y of work and gene	eral efficiend	су							
-		npleting assignmen			ructions						
		ating office machin	es and equ	ipment				-	-		-
Stenograph Ability to co		routine letters						+	-		
		otability to individua	al school ne	eds				+-			
		eachers and other		7000							
-		nteer assistance wh		1							
10. Energy and	d succe	ss in self-improvem	ent								U = E
C. OFFICE MANA	AGEME	NT									
1. Attention to	physica	al conditions and a	ppearance	of office	and de	esk					1
		utine duties						+			
3. Care of eq			4-4					+			-
-	_	work to meet due student helpers	dates					+			
		MUNITY RELATION	ic.					1			
		od relations with so		nnel							
2. Attitudes to			SHOOL POISO	A TITLO				1			
		ully with parents, o	fficials, and	the pub	olic						
in person			the sebest					+-			
		der extra service to IKS (additional she		l and acl	knowle	dged may	he attach	ed):			1
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SECTION 2 - PE										,	
OVERALL EVALUATI (D for first year probation			NATURE O		IPAL					T BY FMI	LOYEE
For the period:			1	2	V.		6/	14/5	1 /		alle.
From 8 31 06	to 6	124/07/	1mg	100	1 (DATE	DATE	1	SIG	NAME OF	EMPLOYEE

(Complete Reverse Side for Probationary Personnel Only)

or, for City District employees, to the responsible Superintendent. 1. I recommend approval for continued probationary service. 2. I recommend discontinuance of probationary service ☐ I recommend certification of completion of probation. 1 recommend denial of certification of completion of probation. SIGNATURE OF PRINCIPAL (If other, give title) DATE B. SUPERINTENDENT'S RECOMMENDATION: To be completed by Community or responsible Superintendent and returned to originating unit for employee's acknowledgement. I recommend _ Signature of Superintendent (If other, give title) C. ACKNOWLEDGEMENT BY PROBATIONARY EMPLOYEE I have received this report on: Date: Signature of Employee SECTION 4. - DOCUMENTATION All recommendations for discontinuance or denial of certification must be accompanied by copies of substantiating documentation attached hereto, including, but not limited to, observation reports, letters, time cards or time sheets, or other relevant material. Item No. Date Description or Identification Key NOTE: If space is insufficient to list all documentation, listing on additional sheets may be attached. If there are such continuation sheets, check here . Number of additional sheets: **RULES AND INSTRUCTIONS** 1. For "Satisfactory" evaluations, prepare two copies: Copy 1 for the employee, copy 2 for the school file. 2. For adverse evaluations (U or D), prepare four copies for distribution as follows: Copy 1 for employee, copy 2 for school file, copy 3 to the appropriate superintendent and copy 4 to the Bureau of Teacher Records, 65 Court St., Brooklyn, N.Y. 11201. 3. For recommendations for continued service or completion of probation for probationers, prepare three copies of report for distribution as follows: Copy 1 for superintendent, copy 2 for originating school and copy 3 for the employee. 4. For recommendations for discontinuance or denial for probationers, prepare eight copies of report and seven complete sets of documentation as listed in 'Section 4' of this form for distribution as follows: Copies 1, 2 and 3 (with documentation attached) as listed in Rule 3; Copy 4 (without documentation) to the Bureau of Teacher Records; Copies 5, 6, 7 and 8 (with documentation attached to the Office of Appeals and Reviews, 65 Court Street - Room 717, Brooklyn, N. Y. 11201. 5. Appeals: An appeal from adverse evaluation (U or D) must be made in writing by the employee and forwarded to the Executive Director of the Division of Personnel for the attention of the Director, Office of Appeals and Reviews within three weeks after receipt of such adverse evaluation (exclusive of the summer vacation). 6. All personnel are hereby advised of their right to submit written comments concerning: a) each observation report on their performance b) evaluation reports

SECTION 3. - TO BE COMPLETED ONLY FOR PROBATIONARY PERSONNEL

A. RECOMMENDATION BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR: To be completed and forwarded to the Community Superintendent

25-3200.00.8 (1000 pkgs) 10/89